

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214504018</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Kforce Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2014</b></p> <p>SCC ID NO: <b>F1496209</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>250,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	250,000,000
CLASS	AUTHORIZED					
COMMON	250,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1001 EAST PALM AVE</p> <p style="text-align: center;">CITY/ST/ZIP: TAMPA, FL 33605</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JUDY GENSHINO-KELLY  TITLE: SVP/TREASURER  ADDRESS: 2504 BUCKHORN RUN DRIVE  CITY/ST/ZIP/CO: VALRICO, FL 33594 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JUDY GENSHINO-KELLY TITLE: SVP/TREASURER ADDRESS: 2504 BUCKHORN RUN DRIVE CITY/ST/ZIP/CO: VALRICO, FL 33594	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DAVID L DUNKEL  TITLE: CHAIRMAN,CEO  ADDRESS: 2913 SAFE HARBOR DR  CITY/ST/ZIP/CO: TAMPA, FL 33618 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID L DUNKEL TITLE: CHAIRMAN,CEO ADDRESS: 2913 SAFE HARBOR DR CITY/ST/ZIP/CO: TAMPA, FL 33618	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: WILLIAM L SANDERS  TITLE: VICE CHAIRMAN  ADDRESS: 16205 VILLAREAL DE VILA  CITY/ST/ZIP/CO: TAMPA, FL 33613 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM L SANDERS TITLE: VICE CHAIRMAN ADDRESS: 16205 VILLAREAL DE VILA CITY/ST/ZIP/CO: TAMPA, FL 33613	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: WILLIAM L SANDERS TITLE: VICE CHAIRMAN ADDRESS: 16205 VILLAREAL DE VILA CITY/ST/ZIP/CO: TAMPA, FL 33613	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN ALLRED  TITLE: DIRECTOR  ADDRESS: 11504 CANTERBURY CIRCLE  CITY/ST/ZIP/CO: LEAWOOD, KS 66211 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN ALLRED TITLE: DIRECTOR ADDRESS: 11504 CANTERBURY CIRCLE CITY/ST/ZIP/CO: LEAWOOD, KS 66211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Max Carey  TITLE: DIRECTOR  ADDRESS: 1001 E Palm Ave.  CITY/ST/ZIP/CO: Tampa, FL 33605 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Max Carey TITLE: DIRECTOR ADDRESS: 1001 E Palm Ave. CITY/ST/ZIP/CO: Tampa, FL 33605	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME:	Rich Cocchairo	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Mark Furlong	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Patrick Moneymaker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Elaine Rosen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Ralph Struzziero	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Gordon Turnstall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Pete Alonso	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CTO		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Michael Blackman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCDO		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Sam! Farrell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Chief Sales Off		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Dave Kelly	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, CFO, Sec		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
NAME:	Joe Liberatore	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1001 E Palm Ave.		
CITY/ST/ZIP/CO:	Tampa, FL 33605		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ JUDY GENSHINO-KELLY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JUDY GENSHINO-KELLY, SVP/TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>1/16/2014</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		